



Division of  
**Health Care  
Finance & Administration**

Health Care  
Innovation Initiative



# **Executive Summary**

Breast Cancer Medical Oncology (BCONC) Episode

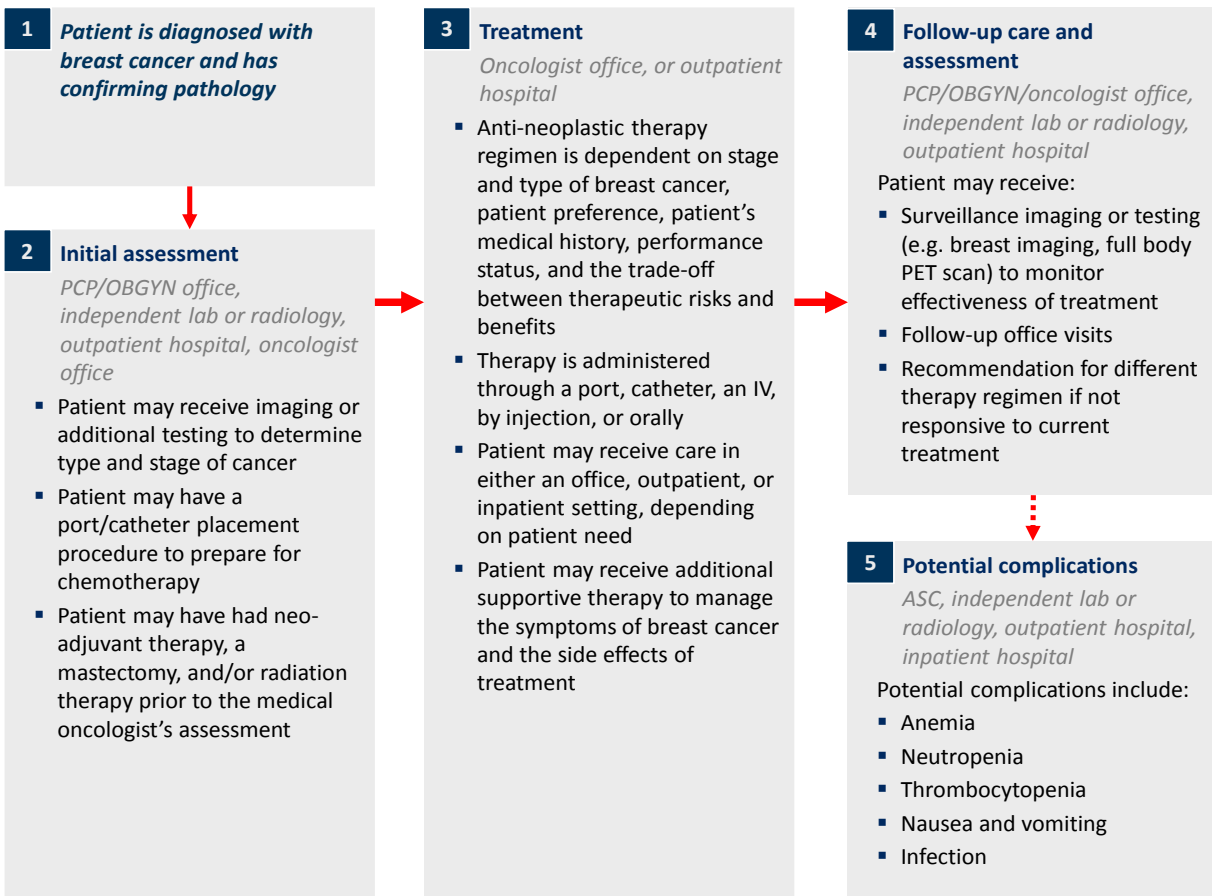
## **OVERVIEW OF A BREAST CANCER MEDICAL ONCOLOGY EPISODE**

The breast cancer medical oncology episode revolves around patients who are receiving pharmacologic antineoplastic therapy for breast cancer. The trigger event is a professional claim with an antineoplastic therapy procedure or a pharmacy claim with an antineoplastic therapy medication. All related care – such as imaging and testing, evaluation and management, and medications – is included in the episode. The quarterback, also called the principal accountable provider or PAP, is either the provider with the plurality of therapy infusion administrations (for episodes with at least one therapeutic infusion administration) or the provider with the plurality of related visits (for episodes without any therapeutic infusion administrations). The breast cancer medical oncology episode begins on the day of the initial antineoplastic therapy claim and ends 179 days after the initial antineoplastic therapy claim.

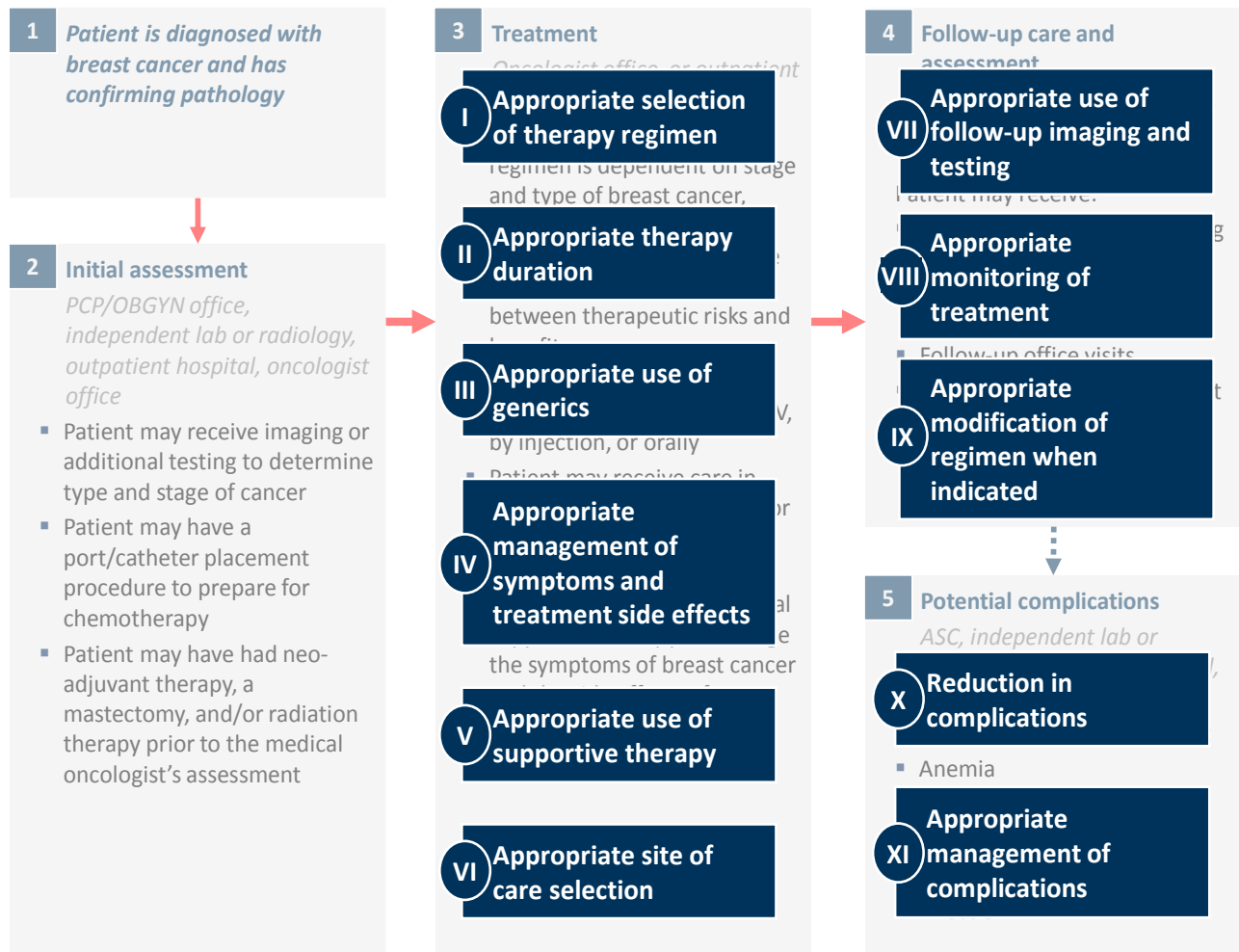
## **CAPTURING SOURCES OF VALUE**

Providers have multiple opportunities during a breast cancer medical oncology episode to improve the quality and cost of care. Example sources of value include appropriate duration of therapy and appropriate use of generic vs. branded drugs. Furthermore, providers can choose appropriate use of follow-up imaging and testing and appropriate modification of regimen when indicated. Overall, the provider can bring about a reduction in admissions and complications.

## Illustrative Patient Journey



## Potential Sources of Value



## ASSIGNING ACCOUNTABILITY

The quarterback of the episode is the specific health care provider deemed to have the greatest accountability for the quality and cost of care for the patient. To state it differently, the quarterback is the provider who has the greatest ability to influence all of the health care delivered in a given episode. For the breast cancer medical oncology episode, the quarterback is the either the provider with the plurality of therapy infusion administrations (for episodes with at least one therapy infusion administration) or the provider with the plurality of related visits (for episodes without any therapy infusion administrations). The contracting entity or

tax identification number with either the plurality of therapy infusion administrations or plurality of related visits will be used to identify the quarterback.

## **MAKING FAIR COMPARISONS**

The episode model is designed to be fair to providers and incentivize best practices without penalizing providers who care for sicker patients. As such, important aspects of the model are:

- Inclusion of only the cost of services and medications that are related to antineoplastic therapy in calculation of episode spend.
- Exclusion of episodes when clinical circumstances create the likelihood that the case will deviate substantially from the typical care path or when claims data is likely to be incomplete.
- Risk adjusting episode spend to account for the cost of more complicated patients.

The breast cancer medical oncology episode has no pre-trigger window and no post-trigger window. The trigger window includes specific care after discharge, specific anesthesia, specific evaluation and management visits, specific imaging and testing, specific medications, specific pathology, and specific surgical and medical procedures. Certain procedures related to mastectomy, breast reconstruction, radiation therapy, and lymph dissection are excluded from the episode window.

Some exclusions apply to any type of episode, i.e., are not specific to a breast cancer medical oncology episode. For example, an episode would be excluded if more than one payer was involved in a single episode of care, if the patient was not continuously insured by the payer during the duration of the episode, or if the patient had a discharge status of 'left against medical advice'. Other examples of exclusion criteria specific to the breast cancer medical oncology episode include a patient with gestational diabetes or a patient who has had an organ transplant. These patients have significantly different clinical courses that the episode does not attempt to risk adjust. Furthermore, there may be some factors with a low

prevalence or significance that would make accurate risk adjustment difficult and may be used to exclude patients completely instead of adjusting their costs.

For the purposes of determining a quarterback's cost of each episode of care, the actual reimbursement for the episode will be adjusted to reflect risk factors captured in recent claims data in order to be fair to providers caring for more complicated patients. Examples of patient factors likely to lead to the risk adjustment of breast cancer medical oncology episodes include congestive heart failure, heart valve disorders, and metastases. Over time, a payer may adjust risk factors based on new data.

## MEASURING QUALITY

The episode reimbursement model is designed to reward providers who deliver cost effective care AND who meet certain quality thresholds. A quarterback must meet or exceed all established benchmarks for any quality metric tied to gain sharing in order to be eligible to receive monetary rewards from the episode model. Other quality metrics may be tracked and reported for quality improvement purposes but may not be tied directly to gain sharing.

The quality metric linked to gain sharing for the breast cancer medical oncology episode is:

- **Timely clinical registry reporting:** Percentage of total episodes (valid and invalid) with complete patient-level clinical factor reporting to the Tennessee Cancer Registry within six months of the episode start date (higher rate indicative of better performance).

The quality metrics that will be tracked and reported to providers but that are not tied to gain sharing are:

- **Hospitalizations due to adverse events:** Percentage of valid episodes with hospitalizations for related adverse events (lower rate indicative of better performance).
- **Monitoring of therapy induced bone loss:** Percentage of valid episodes on aromatase therapy for breast cancer who had a central dual energy X-ray absorptiometry (DXA) or are on pharmacologic therapy (higher rate indicative of better performance).

- **Antineoplastic therapy before death:** Percentage of episodes that receive antineoplastic therapy within 30 days before death (lower rate indicative of better performance).

It is important to note that quality metrics are calculated by each payer on a per quarterback basis across all of a quarterback's episodes covered by that payer. Failure to meet all quality benchmarks tied to gain sharing will render a quarterback ineligible for gain sharing with that payer for the performance period under review.